APPLICATION FOR A CONSENT TO ENCROACH AGREEMENT

Full name(s) of property owner:		
Address of Property Owner:		
Applicant's phone number: Applicant's e-mail address: Subdivision/Project Name:*		
Subdivision/Project Lot Number:* Encroachment Requested:		
We require an Exhibit be provided should be to scale if possible. It slines and all right of way and right encroachment or encroachments a encroachment.	hould indicate of way lines.	e all easements and easement The drawing should show the
8 ½ X 11 Exhibit Provided	Yes	No
*If the property is not within a platted subdivision, we will require a copy of the deed for the property or a legal description of the property. In addition, we will need the date the deed was recorded, instrument number, etc.		
Please submit application to:		
Libby Pickett, Public Works Coord City of Carmel Department of Engi One Civic Square Carmel, IN 46032 Phone: (317) 571-2441; Fax: (317) 5 Ipickett@carmel.in.gov	neering	